



POP Briefs

Unmet Need for Family Planning

An estimated 150 million married women of reproductive age (ages 15-49) in the developing world would prefer to postpone their next pregnancy or to not have more children but are not using a modern method of contraception. This gap between desired family size and contraceptive use is referred to as unmet need.

Unmet need exists despite advances in family planning programming. Contraceptive use in developing countries has grown dramatically since 1960, from 10 percent to more than 50 percent. During this time, family size also has dropped from more than 6 children to less than 4. This shrinking gap between desired and actual childbirth is largely due to the impact of family planning programs like those funded by USAID. However, these programs must be expanded so those currently not using contraceptives as well as to the developing world's growing population can access the services they desire.

- In developing countries, the numbers of individuals aged 15-24 will increase from around 859 million in 1985 to 1.06 billion by 2050 ⁽¹⁾ Nearly half of all people alive today are under the age of 25.
- The number of women of reproductive age will grow from around 1.26 billion in 2000 to 1.5 billion by 2015. ⁽²⁾
- Overall, world population will grow from 6 billion in 1999 to surpass 9 billion by 2050. All of the projected growth will take place in the world's developing countries, which by 2050 will account for more than 85 percent of world population. ⁽³⁾

Barriers to Family Planning

Limited Access and Knowledge. Surveys of women in 13 developing countries suggest many would be using modern family

planning if more accurate information, affordable services, and appropriate counseling were more easily available and accessible. Further improvements in these areas will almost certainly lead to increases in contraception use. ⁽⁴⁾

Health concerns. Health fears about contraceptive methods can be an obstacle to use. Agency programs specialize in education and counseling for this reason. Counseling can allay fears generated by rumors based on misconceptions and educate individuals about what side effects a particular contraceptive may cause and to recognize whether a side effect is a health risk or one that is minor or will diminish over time. Because not every contraceptive is suitable for every individual, a range of methods is offered, so if one doesn't suit the individual, another can be made available. Finally, USAID supports on-going research that has improved existing contraceptive technology, providing couples with a wide range of superior and safe methods of family planning from which to choose.

Lack of male involvement. Many times women do not use contraception because of perceived or real opposition from their husbands. Family planning services focusing exclusively on women don't acknowledge men's critical roles and responsibilities in women's use of contraception. ⁽⁵⁾ Other barriers can include the attitudes of mothers-in-law, extended families, and communities: all need to be educated to be more supportive of women's reproductive decisions.

Facts and Figures

In developing countries as a whole (excluding China), about 23 percent of married women of reproductive age have unmet need for family planning.



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Many women in developing countries – more than 50 percent in some – say their last birth was unwanted or mistimed. (6) The World Health Organization (WHO) estimates that of the 190 million pregnancies that occur each year, more than 50 million end in abortion. Of these, 20 million procedures are clandestine, performed under unsafe conditions and result in some 78,000 deaths per year. The data from the study show that women do not view abortion as a family planning method; rather, they view it as a choice of last resort. (7)

Unmet need estimates include only married women of reproductive age. Excluded from the count are unmarried adolescents and adults who, if counted, could add at least 10 percent to the unmet need total.

Women are more likely to use contraception when husbands approve of it. For example, in 5 sub-Saharan African countries, average contraceptive use among married women was three times higher when the husband approved, compared to women whose husbands did not approve – 18 percent compared to 6 percent. (8)

USAID Response. USAID addresses unmet need through on-going efforts to make contraception readily available and accessible. Efforts also include providing culturally appropriate information campaigns, a variety of method choices, clinic sites that are accessible and open to all who seek their services, and well-trained staff and counselors.

USAID pioneered an innovative “doorstep delivery” approach in Bangladesh, bringing to women the services and information they wanted, but could not reach. This community-based delivery program has been the cornerstone of USAID’s efforts in Bangladesh, which now reach nearly 7 million people through private sector non-governmental organizations (NGOs) and social marketing programs.

USAID partnered with Pathfinder International to design activities to reach underserved Ethiopians. Projects included developing clinic-, community-, and workplace-based services, as well as health centers designed for young people. This effort led to the country’s first community-based reproductive health (CBRH) services program involving farmers, factory workers, dress makers, artisans, and housewives as agents to help provide improved health and family welfare at the grassroots level in rural and urban areas.

Throughout the 1970s and ‘80s, women in Bolivia were denied access to family planning. As a result, women turned to illegal abortion, which accounted for half of maternal deaths. And despite their desire to have fewer children, women had an average of 6. USAID sponsored an anti-abortion conference in 1989 which led to a national consensus - among government officials, medical societies, the Catholic Church, and NGO representatives – that a broad program of reproductive health was needed. The program, the Safe Motherhood Initiative, has resulted in a 50 percent increase in the use of modern contraceptives and significant declines in maternal and infant mortality.

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Sources: (1) *The State of World Population*, 1998, UNFPA (2) United Nations, *World Population Prospects (The 1998 Revision)* (3) 2000 UNFPA Annual Report, *Population and Development: Planning for the Future* (4) Rodolfo A. Bulatao, *The Value of Family Planning Programs in Developing Countries*, RAND, MR-978-WFHF/RF/UNFPA, 1998 (5) Mauldin, W. Parker, and Vincent C. Miller, 1994. *Contraceptive Use and Commodity Costs in Developing Countries: 1994 – 2005*, UNFPA Technical Report No. 18. New York: UNFPA (6) *Closing the Gap Between Women’s Aspirations and Their Reproductive Experiences, Contraceptives Use Rises, But Unmet Needs Remain*, UNFPA (7) *Abortion in the developing world*, Edited by A. Mundigo and C Indriso, 1998 - Published for WHO by Zed Books, London and Vistar Publications, New Delhi (8) Bongaarts, J. and Bruce, J. The causes of unmet need for contraception and the social content of services. *Studies in Family Planning* 26 (2): 57-75, Mar-Apr. 1995.